

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09781901

FILING DATE

02-09-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51									
2							52									
3							53									
4							54									
5							55									
6							56									
7							57									
8							58									
9							59									
10							60									
11							61									
12							62									
13							63									
14							64									
15							65									
16							66									
17							67									
18							68									
19							69									
20							70									
21							71									
22							72									
23							73									
24							74									
25							75									
26							76									
27							77									
28							78									
29							79									
30							80									
31							81									
32							82									
33							83									
34							84									
35							85									
36							86									
37							87									
38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	34						TOTAL IND.									
TOTAL DEP.	274						TOTAL DEP.									
TOTAL CLAIMS	308						TOTAL CLAIMS									

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IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51	/		
2	/							52	/		
3	/							53	/		
4	/							54	/		
5	/							55	/		
6	/							56	/		
7	/							57	/		
8	/							58	/		
9	/							59	/		
10	/							60	/		
11	/							61	/		
12	/							62	/		
13	/							63	/		
14	/							64	/		
15	/							65	/		
16	/							66	/		
17	/							67	/		
18	/							68	/		
19	/							69	/		
20	/							70	/		
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23	/							73	/		
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25	/							75	/		
26	/							76	/		
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28	/							78	/		
29	/							79	/		
30	/							80	/		
31	/							81	/		
32	/							82	/		
33	/							83	/		
34	/							84	/		
35	/							85	/		
36	/							86	/		
37	/							87	/		
38	/							88	/		
39	/							89	/		
40	/							90	/		
41	/							91	/		
42	/							92	/		
43	/							93	/		
44	/							94	/		
45	/							95	/		
46	/							96	/		
47	/							97	/		
48	/							98	/		
49	/							99	/		
50	/							100	/		
TOTAL IND.								TOTAL IND.			
TOTAL DEP.								TOTAL DEP.			
TOTAL CLAIMS								TOTAL CLAIMS			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

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						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1		1					51				
2		1					52				
3		1					53				
4	1						54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←
TOTAL CLAIMS							TOTAL CLAIMS				